



TOWN OF WESTFORD
BOARD OF HEALTH
TOWN HALL
WESTFORD, MASSACHUSETTS 01886
Phone: 978-692-5509 Fax: 978-399-2558

APPLICATION FOR INSTALLER'S PERMIT
FEE \$50.00

I hereby apply for a Disposal Works Installer's Permit as required by Title V, 310 CMR 15.019 of the State Environmental Code and Westford Board of Health regulations.

Please print all information:

Applicant's Name: _____

Company Name: _____

Mailing Address: _____

Business Telephone: _____ Cell Telephone: _____

Fax # _____ Pager # _____

List other communities that you are currently licensed in _____

() Check here if you wish your name to be on a list of licensed installers.

() Were you previously licensed as an installer by the Westford Board of Health, if so when? _____

****NOTE: If your installer's permit has been expired for MORE THAN 30 DAYS, you must take the installer's exam again before relicensing can occur.**

The undersigned agrees to abide by the requirements of Title V of the State Environmental Code. The undersigned also understands that any violation of Title V or other Board of Health regulations will be sufficient cause for revocation of my Installer's Permit.

Social Sec #/Federal ID #

Signature of Applicant

Date